# L23000310158

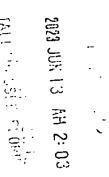
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	New Filing S Division of C					
SUBJE	CT. Productiv	vology, LLC				
30131		(Name of Res	sulting	Florida Limit	ed Con	npany)
						d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please 1	return all corr	espondence concernin	g this	matter to:		
Wayne (	Quimby					
		(Contact Person)			-	
Product	ivology, LLC					
		(Firm/Company)			•	
5265 Ur	niversity Pkwy	Unit 101 #231				
		(Address)			•	
Universi	ity Park, FL 34	201				
	(1	City, State and Zip Code)		•	-	
wayneq	@icloud.com	•				
E-ma	il Address: (to b	e used for future annual re	port no	tifications)	-	
For furt	ther informati	on concerning this ma	tter n	lease call		
Wayne (			•		、87 <b>7</b> -1	779
	(Name of Conta	ot Pomon)	at (	(Ama Cada)	.)	time Telephone Number)
	(Name of Coma	ict reison)		(Alca Code)	(Day	time receptione (vulniber)
		or the following amou a bank located in the	•	•	rocess	sed by this office must be payable in US
(\$25 for	00 Filing Fees Conversion for Articles ization)	☐\$155.00 Filing Fees and Certificate of Status		180.00 Filing Centified Cop		Certificate of Status
	Mailing Add	ress:			Street	Address:
	New Filing S					Filing Section
	Division of C P.O. Box 632	-				on of Corporations fentre of Tallahassee
	1. O. DON 002	<i>I</i>			1110	CHILO OF FAHAHASSOC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Pro	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: oductivology, LLC
	(Enter Name of Other Business Entity)
2	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
ЬП	st organized, formed or incorporated under the laws of
	12/31/2009
on	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	oductivology, LLC
1	(Enter Name of Florida Limited Liability Company)  If not effective on the date of filing, enter the effective date:
(T) the <u>No</u>	(Enter Name of Florida Limited Liability Company)  If not effective on the date of filing, enter the effective date:  the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  ter If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.
(T) the Not doc	If not effective on the date of filing, enter the effective date:  he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 8th day of June	20_23
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Wayne J. Printed Name: Wayne J. Pylaby	Title: Member/Manager
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Trinica Ivaino.	
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:			
Productivology, LLC				
(Must contain the words "Limited Lia	bility Company, "L	.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	e principal offi	ce of the Limited Li	ability Coi	mpany is:
Principal Office Address:	<u>Mailing</u>	Address:		
Unit 101 #231 University Pkwy Unit 101 #231 University Park, FL 34201	(SAM	nE)		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)				
The name and the Florida street address of the	-	gent are:		
Wayne J. Quimb	7			
7081 La Rond	a Ct.			
Florida street address (F	P.O. Box NOT	acceptable)		
Sarasota City	FL	34238		
City		Zip		
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certific pacity. I furthe ete performance	cate, I hereby accept r agree to comply wi e of my duties, and I	the appoin th the prov am familia	tment as visions of all r with and
Mayne J.	Xum/	MUDED)		<u></u>
Registeréd Agént's S	Signaturo (REC	(UIKED)	20:	$\overline{\omega}$ .
(CONT	TINUED)		77	AA C

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А	к			I. P		·v	-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	, ,
"MGR" = Manager AMBR, <b>MG</b> R	Warne (Numby
HILDY, INAK	7081 La Rinda Ct
	SqR950+9, FL 34201
	291973011,70 31001
<del></del>	
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
•	
REQUIRÉD SIGNATURE:	
When I have by	1
want xum	
Signaturé of a member for a	an authorized representative of a member
any false information submitted in a document	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon
as provided for in a \$17.155 E.S.	
Wayne J. Quimby	
Ty	ped or printed name of signee
,	Filing Fees
\$125.00 Filing Fee for Articles o	of Organization and Designation of Registered Ag
\$ 30.00 Certified Copy (Option:	